



Texas Department of Health

Emergency Medical Services and Trauma Care System Account (911 Funds)

FY03 – Policies

November 19, 2002

Section 1: GENERAL

Because of the complex nature of Emergency Medical Services (EMS) in Texas and the lack of statutory responsibility on the part of any geopolitical entities to provide EMS to their population, the Bureau of Emergency Management (BEM) may grant an exception to any of these policies based on specific circumstances.

Misstatement, falsification, or omission of any portion of an application, its eligibility requirements, and/or any resulting contractual requirements or reports for State funds may result in disqualification for funding in that year. Intentional efforts to do so will result in the requirement to return funds disbursed due to the false information, and suspension from future funding for up to three years.

Section 2: EXTRAORDINARY EMERGENCY ALLOTMENT

Proposals for FY03 will be accepted anytime from September 1, 2002 up to June 30, 2003. Proposals received after that date will be considered for funding in the next fiscal year. Eligible applicants include licensed EMS providers, licensed hospitals, and registered first responder organizations. All applicants must be RAC members. Proposals will be evaluated based on impact to the regional or statewide EMS/Trauma System. Input from the TDH Regional EMS personnel will be strongly considered. All proposals not immediately recommended for funding will be notified and their proposal will be reconsidered at the end of the fiscal year if funding is still available. Proposals that are not considered to be an emergency will be provided with information on other potential sources of funding.

Section 3: EMS and REGIONAL ADVISORY COUNCIL (RAC) ALLOTMENTS

3.1: Regional Registries

It is expected that RAC regional registries will submit at least the essential data set to the Texas EMS/Trauma Registry for each provider participating in these registries.

3.2: EMS Eligibility

In order to be eligible for funds, EMS providers must meet the eligibility requirements as follows:

1. Be a licensed EMS provider that provides emergency 911 or medically ordered emergency transfer services **by August 31, 2002**;
2. Upload at least six months of the required data set to the Texas EMS/Trauma Registry (may be via RAC Registry) between January 1, 2001 and June 30, 2002 (verified by the Texas EMS/Trauma Registry staff). **It should be noted that only those runs recorded for calendar year 2001 will be used in the funding formula as this is the most recent, complete year of data available and;**
3. Meet the participation requirements for the appropriate RAC(s) **by August 31, 2002** (verified by each RAC). **Note: this includes participation in the RAC System Performance Improvement (PI) process;**
4. Submit to your RAC an affidavit acknowledging use of current RAC prehospital triage and bypass protocols by August 1, 2002. Note: A new affidavit must be submitted to the RAC when the RAC protocols are revised, the service chief officer changes, or the service medical director changes; and
5. Submit an expenditure report to Texas Department of Health (TDH) by August 1, 2002, on the previous year's funding. The report must include the total amount received, an itemized accounting of how funds were/will be spent, and copies of receipts from all purchases. **All funds must be spent by August 31, 2003.** The EMS provider must file its report through the entity contracting with TDH for the funds (i.e. RAC or county judge).

Note: If an EMS provider is claiming funding eligibility in a county other than their county of provider license, it is that provider's responsibility to demonstrate the validity of its eligibility in all counties in accordance with Section 3.6, 3.7, and/or 3.8.

3.3 RAC Eligibility

To be eligible for funds, a RAC must meet the following eligibility requirements:

1. Be recognized by TDH and demonstrate ongoing activities by submitting meeting minutes after each RAC meeting and an annual report by August 1, 2002;
2. Meet minimum upload requirements: at least 50% of hospitals and at least 50% of EMS providers **by August 31, 2002** (Note: those providers not providing 911 service or emergency transfers are not subject to this total), or have a regional registry uploading data to the Texas EMS/Trauma Registry (this must include both EMS and hospital data) ; and
3. Provide documentation of an active RAC system PI process by August 1, 2002.

Documentation will be evidenced by submitting the following:

1. Listing of committee meeting dates and attendance rosters for September 1, 2001 - August 31, 2002
2. Committee membership roster including each member's organization or constituency
3. A list of issues being reviewed in system PI meeting

3.4 Distribution Plan for EMS/Trauma System Care Account

If a 501c3 RAC plans to distribute each county's funds for EMS providers, a distribution plan must be submitted to TDH before funds will be released. To evaluate the appropriateness of the RAC plan, the following factors will be considered:

- Demonstrated equality to all eligible providers (such factors as varied service area size, emergency run volume, and population may be considered);
- EMS providers' needs should be weighed heavily in this process; and
- Evidence of a consensus opinion of affected entities.

RACs should remember to account for those eligible providers participating in neighboring TSAs per Section 3.6 of these policies in this county distribution process. Note: a letter of intent to use the previous year's distribution plan is required if there are no changes and the previous year's distribution plan is going to be used.

3.5 Proposed Budget for RAC System Account

If a 501c3 RAC chooses to contract with the state for the RAC's portion of the funds, a proposed budget must be submitted before funds will be released. If the RAC is also submitting a proposal for the Regional EMS/Trauma System Grants (Tobacco Funds) and the budget submitted for that proposal is inclusive of these funds, that budget will meet this requirement. To evaluate the appropriateness of the intended use of the RAC portion of the EMS & Trauma Care System Account, the RAC budget will be reviewed considering the following factors:

- Accounts for all EMS/Trauma Care Systems Account funds received by the RAC;
- Must not include any ineligible expenses;
- Use of appropriate RAC mechanism for budgetary planning must be available upon request (i.e. meeting minutes of the executive board or committee with budgetary authority per the bylaws); and
- Program areas receiving funds must be identified by budget category.

Amendments to the budget are allowable based on current RAC needs. However, the BEM funding program staff must be contacted before funds are reallocated to other projects.

3.6 Eligibility of EMS Providers Participating on RACs Other than their TSA

If an EMS provider is licensed in or contracted to provide emergency medical services in a county that is contiguous with a neighboring TSA, that EMS provider may participate on either the RAC for the TSA of their county, or the RAC for the neighboring TSA. Participation on both RACs is encouraged. RAC participation should follow actual patient referral patterns.

If an EMS provider is contracted to provide emergency medical services within a county of any one TSA, and its provider license reflects another county not in or contiguous with that TSA, that provider must be an active member of the RAC for the TSA of their contracted service area and meet that RAC's definition of participation.

It is that provider's responsibility to contact each RAC in which it operates to ensure the RAC's knowledge of the provider's presence and potential eligibility for EMS funding.

3.7 Eligibility of EMS Providers in Counties Other than their County of Licensure

Providers serving any county beyond their county of licensure must provide evidence that they have a contract or letter of agreement with each additional county government or taxing authority in which they provide service. Inter-facility transfer letters of agreement and/or contracts as well as mutual aid letters of agreement and/or contracts do not meet this requirement. Contracts or letters of agreement must be dated prior to September 1, 2002, and be effective through August 31, 2003. Providers should submit to TDH a copy of the contract/letter of agreement including signatures and effective dates of the contract service period by August 1, 2002. Providers who have contracts or letters of agreement on file, and including contract service date that meets the required time period, do not need to resubmit. If the contract/letter of agreement contains no expiration date, then the contract/letter of agreement signature must be of the most current county/taxing executive for the contract to be considered valid. Providers are responsible for assuring that all necessary portions of their contracts and letters of agreement have been received by TDH. Note: Section 3.8 for exceptions to this contract requirement.

Air Ambulance Providers must meet the same requirements as ground transport EMS Providers in order to be eligible to receive funds from a specific county other than the county in which they are licensed.

3.8 Exception to Section 3.7: Eligibility of EMS Providers Licensed in Geopolitical Subdivisions that Cross County Lines

EMS providers who have contracts/letters of agreement with the geopolitical subdivisions listed below whose borders extend beyond county lines will be considered eligible without a contract/letter of agreement in every county containing the geopolitical borders in question:

- Municipalities;
- School Districts;
- Emergency Service Districts (ESDs);
- Hospital Districts;
- Utility Districts; and
- Prison Districts.

Eligibility of EMS providers licensed in a geopolitical subdivision not listed above will be evaluated on a case-by-case basis.

3.9 Pooling of EMS funds

EMS providers may choose to pool or contribute funds for a RAC-specified purpose. To establish a reasonable audit trail, the providers should be given a receipt from the RAC indicating the purpose of the pooled funds (i.e. training program, regional registry, etc.). The final report should reflect this information. Words like donated to the RAC should be avoided. Funds for classes, conferences, and other projects must be expended by the RAC with services rendered by August 31, 2003. RACs may not require such pooling as a term of membership participation.

Section 4: UNCOMPENSATED CARE ALLOTMENT

Disbursement of this allotment is based on a competitive process. All designated trauma facilities will have an opportunity to submit a proposal. Proposals may be evaluated based on, but not limited to, completeness; need; amount of uncompensated trauma care; impact of uncompensated trauma care on the facility; and participation in the trauma system, including the state trauma registry. Contracts will be developed with successful applicants to reimburse a portion of the uncompensated trauma care delivered during the timeframe of January 1, 2003 to August 31, 2003. Minimum funding level will be \$2,500.

Attachment

Important Dates Checklist

EMS

Due by August 1, 2002

1. _____ Triage and bypass protocols affidavit to RAC (Section 3.2.4)
2. _____ Expenditures reports to TDH for previous year's funding, if applicable (Section 3.2.5)
3. _____ Operation in multiple counties where contract/letter of agreement is required contracts must be sent to TDH (Section 3.7)

Due by August 31, 2002 (All requirements must be met)

1. _____ Licensed EMS provider (Section 3.2.1)
2. _____ PI participation (Section 3.2.3)
3. _____ **Meets the participation requirement for the appropriate RAC participation (Section 3.2.3)**

RAC

Due by August 1, 2002

1. _____ Recognition by TDH (Section 3.3.1)
2. _____ Demonstrate ongoing activity (Section 3.3.1)
3. _____ Documentation of PI (Section 3.3.3)

Due by August 31, 2002

1. _____ **Minimum upload of at least 50% of Hospital and EMS or Regional Registry**

to the Texas EMS/Trauma Registry (Section 3.3.2)